The Treated

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |            | Docket Number (Optio   | onal) 020144-003100US |
|--|------------|------------------------|-----------------------|
| FY 2005  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            |                        |                       |
| Application Number 10/650,261  |            | Filed August 27, 2003  |                       |
| For FILM LAYER FOR DETECTION OF IMMOBILIZED ANALYTES   |            |                        |                       |
| Art Unit 1645  |            | Examiner Jana A. Hines |                       |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |                        |                       |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |                        |                       |
| •  | <u>Fee</u> | Small Entity Fee       | !                     |
| One month (37 CFR 1.17(a)(1))  | \$120      | \$60                   | \$_60                 |
| Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                  | \$                    |
| ☐ Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                  | \$                    |
| Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                  | \$                    |
| Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                 | \$                    |
| Applicant claims small entity status. See 37 CFR 1.27.   |            |                        |                       |
| A check in the amount of the fee is enclosed.  |            |                        |                       |
| Payment by credit card. Form PTO-2038 is attached.   |            |                        |                       |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |                        |                       |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  |            |                        |                       |
| Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. |            |                        |                       |
| Provide credit card information and authorization on PTO-2038.   |            |                        |                       |
| ∠ I am the applicant/inventor.   |            |                        |                       |
| assignee of record of the entire interest. See 37 CFR 3.71.  |            |                        |                       |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |            |                        |                       |
| attorney or agent of record. Registration Number <u>51,846</u>   |            |                        |                       |
| attorneyor agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |            |                        |                       |
| Lenn \$75 1 M 6/23/25  |            |                        |                       |
| Signature  |            |                        |                       |
| Kenneth E. Jenkins, Reg. No. 51,846 858-350-6100 Typed or printed name Telephone Number  |            |                        |                       |
|  |            |                        |                       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.      |            |                        |                       |
| Total of forms are submitted.  |            |                        |                       |